

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named Inventor:	Birger Hjertman	
Application No.:	Unknown	
Filing Date:	Herewith	Examiner: Unknown
Title:	Device and Method for Injecting	Group Art Unit: Unknown

INFORMATION DISCLOSURE STATEMENT
UNDER 37 CFR § 1.97(B)

Mail Stop Patent Application
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Pursuant to 37 CFR § 1.97(b), the references listed on the attached Form PTO-1449 (1 sheet, submitted in duplicate) are brought to the attention of the Examiner for consideration in connection with the examination of the above-identified patent application. Copies of the identified references are enclosed as necessary. This IDS is being filed before the mailing of a first office action on the merits. In accordance with 37 CFR § 1.97(b), no statement or fee is required. A copy of the International Search Report is submitted herewith.

Respectfully submitted,

DORSEY & WHITNEY LLP
Customer Number 25763

Date:

December 18, 2003

By:

David E. Bruhn

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Intellectual Property Department
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Minneapolis, MN 55402-1498
(612) 340-6317

Substitute for form 1449A/PTO

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

(use as many sheets as necessary)

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Art Unit Unknown

Examiner Name Unknown

Sheet

1

of

1

Attorney Docket Number 33814/US

U.S. PATENT DOCUMENTS

*Examiner Initials	Cite No.	DOCUMENT NUMBER Number - Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		US- 5,062,830	11/05/1991	Kenneth W. Dunlap	
		US- 5,879,327	03/09/1999	Alain M. DeFarges	
		US- 5,919,159	06/07/1999	Stephen J. Lilley et al.	
		US- 5,954,689	09/21/1999	Jens Ulrik Poulsen	
		US-			
		US-			
		US-			
		US-			

FOREIGN PATENT DOCUMENTS

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		Country Code:	Number - Kind Code (if known)				YES	NO
		WO	96/24398	08/15/1996	Weston Medical Limited		<input type="checkbox"/>	<input type="checkbox"/>
		WO	00/10630	03/02/2000	Weston Medical Limited		<input type="checkbox"/>	<input type="checkbox"/>
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							<input type="checkbox"/>	<input type="checkbox"/>

EXAMINER SIGNATURE

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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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